|   |   |   |                                    |                          |              |                                  |                | Application or Docket Number |                 |        |                         |                 |  |
|---|---|---|------------------------------------|--------------------------|--------------|----------------------------------|----------------|------------------------------|-----------------|--------|-------------------------|-----------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003  |   |   |                                    |                          |              |                                  |                | 10/723, 787                  |                 |        |                         |                 |  |
|   |   |   |                                    |                          |              |                                  |                | 101121161                    |                 |        |                         |                 |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                                    |                          |              |                                  | SMAL<br>TYPE   | SMALL ENTITY TYPE            |                 | OR     | OTHER THAN SMALL ENTITY |                 |  |
| TOTAL CLAIMS 43   |   |   |                                    |                          |              |                                  | RAT            | Έ                            | FEE             |        | RATE                    | FEE             |  |
| FOR ·   |   |   | NUMBER FILED                       |                          | NUMBER EXTRA |                                  | BASIC          | FEE                          | 385.00          | OR     | BASIC FEE               | 770.00          |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 43mir                              | nus 20=                  | * 23         |                                  | X\$ 9=         |                              |                 | OR     | X\$18=                  | 414             |  |
|   | DEPENDENT CI  |   | l                                  | inus 3 =                 |              |                                  | X43            | X43=                         |                 | OR     | X86=                    | 86              |  |
| MU  | ILTIPLE DEPEN   | NDENT CLAIM P                             | HESENI                             | ESENT                    |              |                                  |                | +145=                        |                 | OR     | +290=                   |                 |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |                                    |                          |              |                                  | TOT            | ٩L                           |                 | OR     | TOTAL                   | 1,270           |  |
|   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |                                    |                          |              |                                  |                | LL I                         | ENTITY '        | °OR    | OTHER<br>SMALL I        |                 |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER              |                                    | HIGH<br>NUME<br>PREVIO   | EST<br>BER   | PRESENT<br>EXTRA                 | RAT            | E                            | ADDI-<br>TIONAL |        | RATE                    | ADDI-<br>TIONAL |  |
|   |   | AMENDMENT                                 |                                    | PAID                     |              | LXIIIX                           |                |                              | FEE             |        |                         | FEE             |  |
|   | Total   | *   | Minus                              | **                       |              | =                                | X\$ 9          | )=                           |                 | OR     | X\$18=                  |                 |  |
|   | Independent   | *   | Minus                              | ***                      | CLAINA       | ]=                               | X43            | =                            |                 | OR     | X86=                    |                 |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                                    |                          |              |                                  |                | = :                          |                 | OR     | +290=                   |                 |  |
| 1, 20, 24, 43   |   |   |                                    |                          |              |                                  | TO<br>ADDIT, F | TAL                          |                 | OR     | TOTAL<br>ADDIT. FEE     |                 |  |
|   |   | (Column 1) (Column 2) (Column 3)          |                                    |                          |              |                                  |                | ,                            |                 |        |                         |                 |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING                       |                                    | HIGH<br>NUME             |              | PRESENT                          |                |                              | ADDI-           |        |                         | ADDI-           |  |
|   |   | AFTER<br>AMENDMENT                        |                                    | PREVIC<br>PAID I         | USLY         | EXTRA                            | RAT            | Ε                            | TIONAL<br>FEE   |        | RATE                    | TIONAL<br>FEE   |  |
|   | Total ·   | *   | Minus                              | **                       |              | =                                | X\$ 9          | =                            |                 | OR     | X\$18=                  |                 |  |
|   | Independent   | *   | Minus                              | ***                      |              | <u></u> _                        | X43:           | =                            |                 | OR     | X86=                    |                 |  |
| Ĺ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                                    |                          |              |                                  |                | ┇                            |                 | OR     | +290=                   | -               |  |
| •   | +145=<br>TOTAL  |   |                                    |                          |              |                                  |                |                              |                 |        | TOTAL                   | •               |  |
|   |   | ADDIT. F                                  | EE L                               |                          | , ,          | ADDIT. FEE                       |                |                              |                 |        |                         |                 |  |
|   | `   | (Column 1)<br>CLAIMS                      |                                    | (Colum                   | EST          | (Column 3)                       | F              |                              | ADDI-           |        |                         | ADDI-           |  |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT           |                                    | NUME<br>PREVIO<br>PAID F | USLY         | PRESENT<br>EXTRA                 | RATE           |                              | TIONAL          |        | RATE                    | TIONAL<br>FEE   |  |
|   | Total   | *   | Minus                              | **                       |              | =                                | X\$ 9:         | =                            |                 | OR     | X\$18=                  |                 |  |
|   | Independent   | *   | Minus                              | ***                      |              | =                                | X43=           |                              |                 | o'R    | X86=                    |                 |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                                    |                          |              |                                  |                | $\dashv$                     |                 | υn     |                         |                 |  |
| +145=   |   |   |                                    |                          |              |                                  |                |                              |                 | OR     | +290=                   |                 |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |   |                                    |                          |              |                                  |                |                              |                 | OR ,   | TOTAL<br>ADDIT. FEE     |                 |  |
|   | it the "Highest Nui<br>The "Highest Num                       | mber Previously Pai<br>ber Previously Pai | aio For IN IHI<br>d For" (Total or | o SPACE is               | nt) is the   | n 3, enter 3."<br>highest number | found in the   | арр                          | ropriate box    | in col | umn 1.                  |                 |  |